

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

03-15-2005 90030 050 ***150.00

DOCUMENT # P04000125971 1. Entity Name 712 GULF CORPORATION																																																																																																																																			
Principal Place of Business 3525 W PRICE AVE TAMPA FL 33611			Mailing Address 3525 W PRICE AVE TAMPA FL 33611																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		4. FEI Number 12301459320007110																																																																																																																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent MESSINA, JOSEPH 3525 W PRICE AVE TAMPA FL 33611				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																															
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Joseph Messina</i></u> DATE: <u>3/7/05</u> Signature, to be signed by registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)																																																																																																																																			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SCARPA, JOSEPH</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15703 98TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HOWARD BEACH NY 11414</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MESSINA, JOSEPH</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3525 W PRICE AVE</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33611</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MESSINA, ROBERT</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>68-29 79TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>QUEENS NY 11379</td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td> </td> <td></td> <td>CITY- ST- ZIP</td> <td> </td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SCARPA, JOSEPH		NAME			STREET ADDRESS	15703 98TH STREET		STREET ADDRESS			CITY- ST- ZIP	HOWARD BEACH NY 11414		CITY- ST- ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MESSINA, JOSEPH		NAME			STREET ADDRESS	3525 W PRICE AVE		STREET ADDRESS			CITY- ST- ZIP	TAMPA FL 33611		CITY- ST- ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MESSINA, ROBERT		NAME			STREET ADDRESS	68-29 79TH STREET		STREET ADDRESS			CITY- ST- ZIP	QUEENS NY 11379		CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																			
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